

Dell Children’s Health Plan Quick Reference Guide

Change of Address

Update your demographics online using the Provider Data Change Form. Sign into www.MagellanProvider.com and choose “Display/Edit Practice Information.”

Credentialing and Contracting Status

Call the Provider Services Line at 1-800-788-4005, Monday – Friday, 8 a.m. to 5:30 p.m. (Central), or email ProviderServices@MagellanHealth.com.

Join the Network/New Contract Questions

Call the Provider Services Line at 1-800-788-4005, Monday – Friday, 8 a.m. to 5:30 p.m. (Central), or email ProviderServices@MagellanHealth.com.

Mailing Address, Customer Service and Claims Contact Information

Line of Business	Customer Service/ Telephone Number	Address
<p><u>Texas Medicaid</u></p> <ul style="list-style-type: none"> • STAR, including autism – Travis Service Area • CHIP – Travis Service Area 	<p>1-800-424-1764</p>	<p>Claims mailing address: Magellan Healthcare PO Box 1325 Maryland Heights, MO 63043</p> <p>Appeals, and all other correspondence: ATTN: Appeals PO Box 1718 Maryland Heights, MO 63043 Fax: 1-888-656-5712</p>